

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12793
1636

| | | | | | | | |
|--|--|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1602</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>unk.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>3119 Holmes</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> | | b. (Middle) <u>E</u> | | c. (Last) <u>Schultz</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 51</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept 8 1872</u> | |
| 9. AGE (In years less birthday) <u>78</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Painting</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nash Bros.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Joliet Ill</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Henry Schultz</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Koehler</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Schultz</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-07-5309</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Arthur C. Purcell</u> | | ADDRESS <u>2918 East 61st</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchiectasis</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>April 6, 1951</u> , to <u>April 12, 1951</u> , that I last saw the deceased alive on <u>April 12, 1951</u> , and that death occurred at <u>6:55P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) | | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>4-13-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u> | | 24b. DATE <u>4/14/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>4-14-51</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Robin</u> | | ADDRESS <u>20 West Linwood</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Hutchins

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Forrest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *K. C. Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**; (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.